111TH CONGRESS
1ST SESSION

S. _____

To achieve access to comprehensive primary health care services for all Americans and to reform the organization of primary care delivery through an expansion of the Community Health Center and National Health Service Corps programs.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To achieve access to comprehensive primary health care services for all Americans and to reform the organization of primary care delivery through an expansion of the Community Health Center and National Health Service Corps programs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Access for All America Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Providing universal coverage for health care for all Americans will be incomplete if access to medical and other health services is not improved.

(2) Currently, 56,000,000 Americans, both insured and uninsured, have inadequate access to primary care due to a shortage of physicians and other like providers in their community.

(3) Several demonstrations are underway at the Federal and State level to link patients to a primary care ''medical home'' as a means of assuring access, controlling costs, and improving quality.

(4) Yet, there already exists a proven medical home model that accomplishes these goals and has done so over the past 40 years while serving over 18,000,000 Americans.

(5) Community health centers, also known as Federally Qualified Health Centers (FQHCs), have been found to more than pay for themselves by providing coordinated, comprehensive medical, dental, behavioral health, and prescription drug services that reduce unnecessary emergency room visits, ambulatory-sensitive hospitalizations, and avoidable specialty care.

(6) The result is that the American Academy of Family Physicians' Robert Graham Center found

that medical expenses for health center patients are 41 percent lower compared to patients seen elsewhere, an average savings of $1,810 per person per year.

(7) The Lewin Group found that providing access to a medical home for every American would produce health care savings of $67,000,000,000 per year, more than 8 times the subsidy needed to sustain the 1,100 current health centers and to create 3,900 new or expanded health center sites to accomplish full access.

(8) Hand in hand with the expansion of the community health center program, a renewed investment in the National Health Service Corps is essential to reverse the decline in the supply of primary care physicians and dentists.

(9) Both the expansion of the community health center program and the investment in the National Health Service Corps can be accomplished for less than 1 percent of total health care spending today.

(10) Finally, to encourage broader adoption of the cost-effective community health center model of care beyond underserved areas and populations and to encourage the pursuit and practice of primary care as a career, all willing primary care practi-

tioners should be encouraged to collaborate with community health centers.

SEC. 3. SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS).

Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by striking paragraph (1) and inserting the following:

"(1) GENERAL AMOUNTS FOR GRANTS.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there is authorized to be appropriated the following:

"(A) For fiscal year 2010, $2,988,821,592.

"(B) For fiscal year 2011, $3,862,107,440.

"(C) For fiscal year 2012, $4,990,553,440.

"(D) For fiscal year 2013, $6,448,713,307.

"(E) For fiscal year 2014, $7,332,924,155.

"(F) For fiscal year 2015, $8,332,924,155.

"(G) For fiscal year 2016, and each subsequent fiscal year, the amount appropriated for

the preceding fiscal year adjusted by the product of—

''(i) one plus the average percentage increase in costs incurred per patient served; and

''(ii) one plus the average percentage increase in the total number of patients served.''.

SEC. 4. OTHER PROVISIONS.

(a) SETTINGS FOR SERVICE DELIVERY.—Section 330(a)(1) of the Public Health Service Act (42 U.S.C. 254b(a)(1)) is amended by adding at the end the following: ''Required primary health services and additional health services may be provided either at facilities directly operated by the center or at any other inpatient or outpatient settings determined appropriate by the center to meet the needs of its patents.''.

(b) LOCATION OF SERVICE DELIVERY SITES.—Section 330(a) of the Public Health Service Act (42 U.S.C. 254b(a)) is amended by adding at the end the following:

''(3) CONSIDERATIONS.—

''(A) LOCATION OF SITES.—Subject to subparagraph (B), a center shall not be required to locate its service facility or facilities within a designated medically underserved area

in order to serve either the residents of its catchment area or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, or residents of public housing, if that location is determined by the center to be reasonably accessible to and appropriate to meet the needs of the medically underserved residents of the center's catchment area or the special medically underserved population, in accordance with subparagraphs (A) and (J) of subsection (k)(3).

''(B) LOCATION WITHIN ANOTHER CENTER'S AREA.—The Secretary may permit applicants for grants under this section to propose the location of a service delivery site within another center's catchment area if the applicant demonstrates sufficient unmet need in such area and can otherwise justify the need for additional Federal resources in the catchment area. In determining whether to approve such a proposal, the Secretary shall take into consideration whether collaboration between the two centers exists, or whether the applicant has made reasonable attempts to establish such collaboration, and shall consider any comments

timely submitted by the affected center concerning the potential impact of the proposal on the availability or accessibility of services the affected center currently provides or the financial viability of the affected center.''.

(c) AFFILIATION AGREEMENTS.—Section 330(k)(3)(B) of the Public Health Service Act (42 U.S.C. 254b(k)(3)(B)) is amended by inserting before the semicolon the following: ``, including contractual arrangements as appropriate, while maintaining full compliance with the requirements of this section, including the requirements of subparagraph (H) concerning the composition and authorities of the center's governing board, and, except as otherwise provided in clause (ii) of such subparagraph, ensuring full autonomy of the center over policies, direction, and operations related to health care delivery, personnel, finances, and quality assurance''.

(d) GOVERNANCE REQUIREMENTS.—Section 330(k)(3) of the Public Health Service Act (42 U.S.C. 254b(k)(3)) is amended—

(1) in subparagraph (H)—

(A) in clause (ii), strike ``; and'' and inserting ``, except that in the case of a public center (as defined in the second sentence of this paragraph), the public entity may retain au-

thority to establish financial and personnel policies for the center; and'';

(B) in clause (iii), by adding ''and'' at the end; and

(C) by inserting after clause (iii) the following:

''(iv) in the case of a co-applicant with a public entity, meets the requirements of clauses (i) and (ii);''; and

(2) in the second sentence, by inserting before the period the following: ''that is governed by a board that satisfies the requirements of subparagraph (H) or that jointly applies (or has applied) for funding with a co-applicant board that meets such requirements''.

(e) ADJUSTMENT IN CENTER'S OPERATING PLAN AND BUDGET.—Section 330(k)(3)(I)(i) of the Public Health Service Act (42 U.S.C. 254b(k)(3)(I)(i)) is amended by adding before the semicolon the following: '', which may be modified by the center at any time during the fiscal year involved if such modifications do not require additional grant funds, do not compromise the availability or accessibility of services currently provided by the center, and otherwise meet the conditions of subsection (a)(3)(B), except that any such modifications that do not comply

with this clause, as determined by the health center, shall be submitted to the Secretary for approval''.

(f) JOINT PURCHASING ARRANGEMENTS FOR REDUCED COST.—Section 330(l) of the Public Health Service Act (42 U.S.C. 254b(l)) is amended—

(1) by striking ''The Secretary'' and inserting the following:

''(1) IN GENERAL.—The Secretary''; and

(2) by adding at the end the following:

''(2) ASSISTANCE WITH SUPPLIES AND SERVICES COSTS.—The Secretary, directly or through grants or contracts, may carry out projects to establish and administer arrangements under which the costs of providing the supplies and services needed for the operation of federally qualified health centers are reduced through collaborative efforts of the centers, through making purchases that apply to multiple centers, or through such other methods as the Secretary determines to be appropriate.''.

(g) OPPORTUNITY TO CORRECT MATERIAL FAILURE REGARDING GRANT CONDITIONS.—Section 330(e) of the Public Health Service Act (42 U.S.C. 254b(e)) is amended by adding at the end the following:

''(6) OPPORTUNITY TO CORRECT MATERIAL FAILURE REGARDING GRANT CONDITIONS.—If the

Secretary finds that a center materially fails to meet any requirement (except for any requirements waived by the Secretary) necessary to qualify for its grant under this subsection, the Secretary shall provide the center with an opportunity to achieve compliance (over a period of up to 1 year from making such finding) before terminating the center's grant. A center may appeal and obtain an impartial review of any Secretarial determination made with respect to a grant under this subsection, or may appeal and receive a fair hearing on any Secretarial determination involving termination of the center's grant entitlement, modification of the center's service area, termination of a medically underserved population designation within the center's service area, disallowance of any grant expenditures, or a significant reduction in a center's grant amount.''.

SEC. 5. FUNDING FOR NATIONAL HEALTH SERVICE CORPS.

Section 338H(a) of the Public Health Service Act (42 U.S.C. 254q(a)) is amended to read as follows:

''(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated, out of any funds in the Treasury not otherwise appropriated, the following:

''(1) For fiscal year 2010, $320,461,632.

''(2) For fiscal year 2011, $414,095,394.

''(3) For fiscal year 2012, $535,087,442.

''(4) For fiscal year 2013, $691,431,432.

''(5) For fiscal year 2014, $893,456,433.

''(6) For fiscal year 2015, $1,154,510,336.

''(7) For fiscal year 2016, and each subsequent fiscal year, the amount appropriated for the preceding fiscal year adjusted by the product of—

''(A) one plus the average percentage increase in the costs of health professions education during the prior fiscal year; and

''(B) one plus the average percentage change in the number of individuals residing in health professions shortage areas designated under section 333 during the prior fiscal year, relative to the number of individuals residing in such areas during the previous fiscal year.''.